(Re	equestor's Name)				
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
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COVER LETTER

•	stration Section sion of Corporations		
SUBJECT:	HARMONY COMMERCIAL HOLE	OINGS LLC	
bobble1.	(Name of Lim	ited Liability Con	npany)
The enclosed	d member, resignation or dissoci	ation and fee(s	s) are submitted for filing.
Please return	n all correspondence concerning	this matter to:	
PAUL M. KA	DE, ESQ		
	(Contact Person)		-
LAW OFFICE	ES OF PAUL M. KADE		
	(Firm/Company)	<u> </u>	-
2357-3 Tamia	mi Trail Sourth, Suite 151		
	(Address)		- `.
Venice, Florid	a 34293		
	(City/State and Zip Code)		-
For further i	nformation concerning this matte	er, please call:	
PAUL M. KA	DE	305 at (670-6929
(1)	lame of Contact Person)		& Daytime Telephone Number)
Enclosed ple ☐ \$25 Filin	ease find a check made payable t g Fee		Department of State for: g Fee & Certified Copy
	ng Address: stration Section		Street Address: Registration Section
Divi	sion of Corporations		Division of Corporations
	Box 6327 hhassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company a	s it appears on the reco	ords of the Florida Department
	cument/registration number :		liability company is:
VANDU KIAUA	ember/manager withdrew/re		
(Prim : MANAGER AN			
of this limited lia resignation in w	riting.	he limited liability con /// /aniv Nakash	npany has been notified of my
Signature of D	rissociating Member or Resig	gning Manager	
	\$25.00 (Required) \$30.00 (Optional)		